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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

TI-37331

First Inventor

Alexis P. Bernard

Title **Method to Extend the Operating Range of Joint Additive and Convulsive Compensating Algorithms**

Express Mail Label No. ER668850333 US

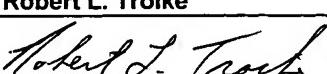
APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA, 22313-145010/822-319
16834 U.S.PTO

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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	[Total Pages 21]	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. Oath or Declaration <input type="checkbox"/> unsigned	[Total Sheets 2] [Total Pages 1]	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Power of Attorney	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP '503) <i>(Should be specifically itemized)</i>	
Prior application information: <input type="checkbox"/> Examiner _____	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number or Bar Code Label	23494 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
NAME	Texas Instruments Incorporated	
ADDRESS		
CITY	STATE	TX
COUNTRY	TELEPHONE	(301) 259-2089
ZIP CODE		
FAX	(301) 259-2603	

Name (Print/Type)	Robert L. Troike	Registration No. (Attorney/Agent)	Reg. No. 24,183
Signature			Date 4/12/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2003

Express Mailing Label No.: ER 668850333US

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Alexis Pascal Bernard
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-37331

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number 20-0668

Deposit Account Name Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	370	Utility filing fee	\$770
1002	330	2002	165	Design filing fee	\$
1003	510	2003	255	Plant filing fee	\$
1004	740	2004	370	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$
SUBTOTAL (1)				(\$770)	

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	12	-20** =	0 x 18 =	0
Independent Claims	2	-3** =	0 x 86 =	0
Multiple Dependent			290 =	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent Claims in excess of 3	
1203	280	2203	140	Multiple dependent claims in excess of 3	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$0)	

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	400	2252	200	Extension of time within second month	
1253	920	2253	460	Extension of time within third month	
1254	1,440	2254	720	Extension of time within fourth month	
1255	1,960	2255	980	Extension of time within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,280	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	740	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	

Fee Paid

• C

RMTEX

T

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

0

Complete (if applicable)

SUBMITTED BY

Robert L. Troike

Reg. Number

24,183

Typed or Printed Name

4/12/04

Deposit Account User ID

Signature